

803

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH					ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH					State		State File No.	
County <u>Maricopa</u>					<u>Arizona</u>		<u>1931</u>	
Township _____ or Village _____					City <u>Phoenix</u>		Registered No. <u>770</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)					St. _____ Ward _____			
Length of residence in city or town where death occurred... yrs. mos. ds.					How long in U. S. if of foreign birth? ... yrs. mos. ds.			
2. FULL NAME <u>Albert Dee Williams</u>					(a) Residence: No. <u>14 Th Street & Mohave</u>		St. _____ Ward _____	
(Usual place of abode)					(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)			21. DATE OF DEATH (month, day, and year)			
<u>Male</u>	<u>White</u>	<u>Single</u>			<u>June 14, 1931</u>			
5a. If married, widowed, or divorced					22. I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of _____ (or) WIFE of <u>Baby Of James Dee Williams</u>					<u>June 14, 1931, to June 14, 1931</u>			
6. DATE OF BIRTH (month, day, and year)					I last saw him alive on <u>June 11, 1931</u> ; death is said to have occurred on the date stated above, at _____ m.			
7. AGE	Years	Months	Days	If LESS than 1 day, has or min.	The principal cause of death and related causes of importance were as follows:			
		<u>9</u>			<u>apoplexy</u> <u>(Drowning)</u> <u>crowled into bath tub</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					Other contributory causes of importance:			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.								
10. Date deceased last worked at this occupation (month and year)					11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Phoenix</u>					Name of operation _____ Date of _____			
(State or country) <u>Arizona</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____			
13. NAME <u>James Dee Williams</u>					23. If death was due to external causes (violence) fill in also the following:			
14. BIRTHPLACE (city or town) <u>Brownfield Tex.</u>					Accident, suicide, or homicide? _____ Date of injury _____, 19____			
(State or country)					Where did injury occur? _____ (Specify city or town, county and State)			
15. MAIDEN NAME <u>Alberta Main</u>					Specify whether injury occurred in industry, in home, or in public place.			
16. BIRTHPLACE (city or town) <u>Mesa Arizona</u>					Manner of injury _____			
(State or country)					Nature of injury _____			
17. INFORMANT <u>James Dee Williams</u>					24. Was disease or injury in any way related to occupation of deceased? _____			
(Address) <u>14 Th Street & Mohave</u>					If so, specify _____			
18. BURIAL, CREMATION, OR REMOVAL					(Signed) <u>Dr. J. M. Gray</u> M. D.			
Place <u>Mesa Cem</u> Date <u>June 16, 1931</u>					(Address) <u>Phoenix, Arizona</u>			
19. UNDERTAKER <u>A. L. MOORE & SONS</u>								
(Address)								
20. Filed <u>6-23</u> , 19 <u>31</u> <u>R. B. Roney</u>								
Registrar.								